

33. *Variolaria Amara as a substitute for Quinquina*.—According to M. Cassebeer, this species of lichen which grows in abundance on the bark of the beech tree in mountainous forests, possesses a bitter principle similar to that of the quinquina. It results from the experiments tried by the author upon this plant, that it has the same febrifuge properties as the Peruvian bark.—*Archives Générales*, January, 1829, from the *Magazin für Pharm.* Feb. 1827.

34. *New Cinchona*.—"M. GONDAT, Professor of Botany at Bogota, in New Granada, has recently discovered a new species of cinchona in the extensive forests which surround the city of Muzo, to which he has given the name *Cinchona Muzonensis*, with the following character:—*Cinchona Muzonensis*, foliis ovata-oblongis, acutis, basi attenuatis, stipulis revolutis paniculâ hachiatâ, corollis albis, limbo imberbi."—*Lond. Med. and Surg. Journ.* Nov. 1828.

35. *Purgative property of Convolvulus Sepium*.—"Twenty pounds of the root of this plant, gathered in April, yielded one pound twelve ounces, avoirdupois, of watery extract, which, in doses of from fifteen to twenty grains, acted freely on the bowels. Haller affirms, that the expressed juice of this herb, taken in the dose of twenty or thirty grains, possesses the virtues of scammony; and hence it is sometimes called German scammony."—*Med. Botany*.

36. *Effects of Bitter Almonds*.—"Half an ounce of bitter almonds eaten in the morning, previously to taking food, produced at the end of half an hour violent pain in the head and nausea, which lasted for three hours; no other signs of poisoning were present. The vapour of ammonia being respired afforded no relief."—*Bull. des Sciences Méd.* Juillet, 1828.

PRACTICE OF MEDICINE.

37. *Case of Gastro-entero-cephalitis, attended with malignant symptoms, and successfully treated*. By M. BROUSSAIS.—The tenth volume of the *Annals of the Physiological Medicine* contains a case of typhus gravior by M. Broussais, which I have been tempted to translate for the perusal of the American physician. It is every way worthy of his serious consideration; a most violent form of fever, attended with alarming symptoms, finally overcome by means so simple and apparently so inefficacious, as to astonish the active practitioner. Could we have the courage to follow *pari passu* the founder of the physiological medicine, and rely on similar means in the treatment of our fatal forms of fever, there is reason to believe that we should less frequently have to deplore the inefficacy of our art, and perhaps never the hurtful tendencies of our remedies. Let the stimulators meditate on this case, and compare it with similar ones in their own hands.

The details might have been considerably abridged without detriment, but I thought it better to give them in full; for the case may be considered, as it regards the power of antiphlogistic treatment in these fevers, a specimen of many others scattered through the volumes of that valuable Journal.

Henry Bethune, student of medicine, aged twenty years, of plethoric, robust, and well constituted habit of body, has been occasionally subject to derangement of the digestive function, which he usually treated with emetics. He has lived in Paris for the last eighteen months, and had more frequent attacks of this complaint, attended with violent head-ache, aggravated, no doubt, by his constant application to study. He had been for some days suffering from this complaint, without however relinquishing his daily pursuits, when on the 26th of February he took a walk with a friend during bad weather beyond the city, and returned to his lodgings in the evening affected with fever.

The next day he was in the following state: tongue coated with white fur,

slightly red at the point and edges; mouth clammy, anorexia, thirst, nausea, tenderness of the epigastrium, diarrhoea, pulse frequent, hard and full, super-orbital pain, sleep frequently disturbed, contusive pains of the limbs. (Venesection; perfect quietude; abstinence; milk and water for drink.)

28th. Same state as yesterday, only the pulse is less tense, the head-ache less violent.

March 1st. The whole abdomen painful on pressure, flatulency, borborygmi, with frequent liquid stools, pulse more frequent, not so full, but harder, head-ache more violent; the patient could scarcely support himself on his feet. An abundant epistaxis supervened during the night, which sensibly relieved him. (Ten leeches to the anus; emollient fomentations to the abdomen; gum water.)

2d. The night was calmer than yesterday; a slight remission of the symptoms.

3d. Aggravation of the inflammatory symptoms; alvine discharges less frequent, tension of the abdomen, delirium during the night.

4th. M. Broussais is called to the patient. Itedness of the tongue more circumscribed, appetency for cold drinks, epigastrium tumefied, tense, hot, and very painful; stools suppressed, urine scanty and high-coloured, with enœrema; delirium at times furious, subsultus tendinum; pulse quick, small, and corded. (Fifteen leeches to the epigastrium, five to each temple; refrigerant applications to the head; gum-water for drink.)

5th. Tongue dry, very red towards its point, covered with a fuliginous coat, and the patient scarcely able to extend it beyond the lips; breath fetid; sensible diminution of the pain and tension of the epigastrium; hypogastrium now tense and painful, borborygmi, discharges of fetid gas per anum, dysury, continuance of delirium, with loquacity alternating with muttering, carphology, subsultus tendinum, eyes haggard, hallucination, stupor, continual efforts to uncover the extremities, pulse small and quick. Towards night there succeeded to these symptoms a deep comatose state. (Six leeches to the hypogastrium; refrigerants to the head.)

6th. A very copious epistaxis came on about four in the morning, preceded by heat and redness of the face; the hæmorrhage continued to flow during the day and following night. In consequence of this the patient gradually became more rational and collected; the countenance resumed its expression, the pulse rose, became fuller and less frequent; the tongue moister, and the hypogastrium more supple. (Emollient cataplasms to the abdomen; continuation of refrigerants to the head.)

7th. Patient sensibly better. The tongue is less red, and its sooty coating has disappeared; abdomen supple, urine sufficiently abundant, free, and no longer high-coloured. He has had a copious alvine evacuation, very fetid, and as black as ink; (he had swallowed a great quantity of blood;) pulse less frequent and hard; thirst very great. The arrival of the patient's relatives afforded him gratification, and he conversed with them composedly. (Small enemata of cold water to be repeated two or three times in the day; refrigerants to the head.)

8th. Prostration of strength, somnolency, intense thirst, desire for cold drinks, (he asked for a piece of ice;) abdomen has again become painful and tense, no alvine discharges; urine abundant, pulse again 100. (Refrigerants to the abdomen; cold enemata.)

9th. Same state as last evening. (Same prescription.)

10th. Dryness of the throat; tongue fuliginous; greater tension of the hypogastrium; bowels continue costive, frequent desire to pass urine; slight cough; transitory delirium; continual somnolency; eyes turned convulsively upward; subsultus tendinum. (Six leeches to the hypogastrium; emollient cataplasms to the abdomen instead of the refrigerants.)

11th. Abdomen nearly in the same state; hardness in the left iliac region, attributed to the distention of the sigmoid flexure of the colon. The leech-bites surrounded with a livid arcola; frequent desire to void urine, especially after drinking much, it is pale and limpid; slight cough, pulse less frequent; somno-

lency. (A small enema of cold water; emollient cataplasms to the abdomen; acidulated barley-water for drink.)

12th. Much the same as last evening. Skin dry, with acrid heat. (An oily enema given, which produced two scanty, fetid and black stools.)

13th. Copious stools during the night, of the same odour and colour as the preceding ones. Face pale, bluish, especially about the eyes; tongue, teeth, and lips covered with dark sordes; speech difficult; abdomen swollen and tense; thirst less; urine scanty; pulse frequent and small; cough trifling; delirium transitory. (Cold applications to the abdomen.) Cough increased during the night, became very harassing, and without expectoration; respiration frequent; cheeks flushed; delirium constant, pulse very frequent, small and corded; thirst very intense. (Twelve leeches over the lower part of the sternum; emollients to the abdomen and chest, instead of refrigerants.)

14th. Cough and disordered respiration nearly ceased; face flushed instead of being pale; pulse less frequent and fuller; tongue cleaning off; thirst abated; speech freer; abdomen less tense; urine not so abundant; stools less copious; delirium transitory; the patient asks for food. The subsultus tendinum continues. (Emollient enema; emollient fomentations to the abdomen.)

15th. Complexion clearer; expression of the countenance more natural; great desire for food; he talks only of eating; the sordes on the tongue and lips has nearly disappeared; he can put out his tongue with facility; abdomen supple, except in the right iliac region; has had two stools during the night; pulse less frequent; cough has ceased; delirium very slight. (Same prescription.)

16th. Exacerbation during the night; delirium, agitation, subsultus tendinum; pulse frequent and fuller; cough, with quickened respiration; tongue and lips again covered with sordes; speech embarrassed; thirst more moderate; the patient talks continually about eating; abdomen swollen and tense, especially in the hypogastric region; costive; discharge of urine scanty and involuntary. (Twelve leeches to the hypogastrium during the exacerbation; emollient fomentations; enemata.)

17th. Great prostration of strength; face pale and dingy; eyes dull and sunken; cheeks and temples hollow; deep stupor; lies immovable on his back, with constant tendency to slide down in the bed; arms perfectly relaxed and powerless; takes no notice of any thing; the organs of sense greatly blunted; continual moaning; lips, teeth, and tongue dry, and covered with brown sordes; deglutition difficult; refuses drink, which seems to pass into the stomach mechanically; cough; respiration at times laborious; pulse frequent, small, and impeded; heat diminished; abdomen sunken and flaccid; involuntary discharges of urine; the body exhales a strong odour of mice; costive. (Sinapisms to the legs; gum-water, with a sixth part of milk for drink.)

18th. The patient scarcely moves his legs; the sinapisms, though very irritating, have produced but slight redness; pulse almost insensible, but frequent; cough continues; chest sonorous; respiration slow and easy; the patient is roused from his stupor with difficulty; abdomen greatly sunken. (Sinapisms.)

19th. Stupor and drowsiness less profound; the patient recognises those about him, and answers tardily but distinctly to questions; deglutition better; pulse fuller and less frequent; cough moderated, and attended with expectoration; voluntary discharge of urine; patient lays on his side; the surface of the body uniformly warm. (Gum-water with milk, and rice-water for drink.)

20th. The night has been calm, as well as the greater part of this day; an exacerbation at night; cheeks flushed; tongue dry and coated; cough more urgent; pulse frequent and full; heat augmented; urine discharged involuntarily; lies on his side; a large eschar has taken place over the sacrum. (Diluted gum-water for drink; emollient enemata.)

21st. Towards morning the somnolency ceased, and the patient became rational; thirst great; desire for food; tongue moist and cleaning off; cough slight; pulse less frequent. Great prostration of strength with emaciation; urine dis-

charged voluntarily; bowels so torpid that the enemata are not discharged. At night a similar exacerbation with the preceding day, with obstinate drowsiness, taciturnity, stupor, moaning, cough, subsultus tendinum; frequent and small pulse; involuntary discharge of urine; lies immovable in supination. (Sinapisms; enemata; gum-water.)

22d. During the day the same state as last night; sinapisms have produced no effect; exacerbation at night. (Same prescription.)

23d. Same as yesterday; at night the cough is more frequent; the patient seems gay and talks much; continual emaciation; a copious stool obtained by an enema.

24th. Nothing particular; exacerbation at night. (Gum-water for drink; enemata.)

25th. Cough very frequent; respiration accelerated; surface of the chest hot; cheeks flushed; pulse frequent; delirium; agitation; refuses drink; breath fetid; urine discharged involuntarily; he continually uncovers himself, and complains of a weight on his chest which threatens to suffocate him. (Emulsion for cough; enema; cataplasm over the chest.)

26th. Patient much agitated during the night; cough frequent, and constant delirium; more calm in the morning; less pulmonary affection; a desire to void urine. (Emulsion; enemata; tepid drinks.)

27th. Same state; remission during the day; exacerbation at night. (Same prescription.)

28th. Nothing particular; cough relieved; pulse soft but frequent; the excretions very fetid, especially at night; patient continually uncovers himself; complains of the least weight on the abdomen; talks continually about eating and returning home; delirium constant even during the day.

29th, 30th, 31st. Same state. (Enemata.)

April 1st. Cough trifling; pulse frequent and tongue dry during the exacerbation; no thirst; great desire for food; bowels opened; urine scanty and high-coloured. (Enemata; small quantity of decoction of arrow-root.)

2d. Cough increased; pulse frequent; skin hot; cheeks flushed; delirium aggravated; urine suppressed; bowels costive. (Calming potion; gum-water; enemata.)

3d and 4th. Cough trifling; pulse soft and small in the day, frequent at night; also at this time tongue dry, and speech embarrassed; progressive emaciation; eschar over the sacrum detaching with abundant suppuration; great desire for food; sleep at night; urine turbid and scanty; less factor of excretions. (Starch enemata; arrow-root.)

5th, 6th, 7th, 8th. Cough ceased; pulse still frequent, from 90 to 95; emaciation extreme; tongue coated and dry; no thirst; urine scanty and turbid; lips red; senses of sight and hearing morbidly acute; great desire for food; the enemata have brought away a small quantity of hardened feces; eschar detached; the surrounding parts inflamed, and very painful; hips and elbows on the point of ulcerating; a phlegmon in the integuments of the hypogastrium. (Enemata; gruel; rice cream; vegetable broth.)

9th, 10th. Pulse not nearly so frequent; tongue moist and clean; speech natural; rational; moderate discharge from ulcer on the sacrum; phlegmon on abdomen opened. (Rice cream; diluted milk; small quantity of animal broth.) From this time the food was gradually made more and more nourishing, and the patient gained sufficient strength to leave his chamber in a month, and finally recovered his original health and strength with the loss of his hair.

We are convinced that if the relatives of Bethune had united in consultation, physicians holding different medical opinions, in order to get the *quintessence* of each, he would inevitably have perished. Usually on such occasions some heroic remedy is adopted, and we are decidedly of opinion that a blister, sinapisms, or animal broth had recourse to, before the irritation had left the upper part of the intestinal canal, would have prevented the resolution of the disease, and finally exhausted the strength of the patient. When a gastro-enteritis is

very intense, it sometimes continues even till extreme emaciation is induced, and then is entirely removed. But if the physician, alarmed by the progress of the emaciation, trusts to stimulants before the digestive organs have lost their excessive irritability, which causes the brown sordes of the tongue and lips, and the stupor, the patient sinks in a few days. Hippocrates, who did not employ stimulants in acute diseases, sometimes saw these cases continue even to the hundredth day; but, since the stimulant doctrines have predominated in the schools, we no longer witness these protracted cases. *Malignant, nervous, putrid, adynamic, ataxic* fevers are of short duration in the hands of the stimulators. We cannot endure the sight of a patient suffering for many weeks extreme prostration, with stupor and carphology; we imagine the inflammatory period to have passed away; we stimulate in order to strengthen, and we are far from attributing the fatal event to the use of these stimulants.

Many physicians, who consider themselves more physiological in their notions than others, imagine that the gastro-enteritis in such cases as the above, has given place to arachnitis, and accordingly combat this affection with sinapisms and blisters. This practice is almost as dangerous as the other. In this way do we keep up the inflammation of the mucous membrane of the digestive organs, which finally wears out the patient's strength or extends the irritation to the vascular system, and even to the heart. We have before said, and we now repeat it, that decided inflammation of the brain is a rare disease. Inflammation of the digestive canal is of itself capable of producing prostration, delirium, and stupor; arachnitis is attended with convulsive symptoms, much more violent than those which we observe to occur in the *putrid fevers* of authors. Besides, should there be even cerebral inflammation, that would afford no good reason for the employment of blisters and sinapisms. We have a long time ago objected to this practice, and Professor Lallemand, of Montpellier, has since condemned it in the most decided terms from practical observation in his excellent work on affections of the brain. Why, then, continue to torment with rubefacients and blisters such as present some nervous symptoms in acute diseases? The words *cerebral fevers* has of late superseded in the parlance of physicians the terms *adynamic fever, ataxic fever*: the vulgar repeat the phrase, become accustomed to see blisters to the legs, and sinapisms to the feet, while ice is applied to the head, and now almost always require the conjunction of these remedies. It demands all the firmness of the physiological physician to resist. He should nevertheless remain unyielding; for violent stimulation of the skin only adds to the intensity of a gastro-enteritis, sufficiently severe to resist an active antiphlogistic treatment for the first few days.

C. D.

38. *On the Hydrocyanate of Iron as a substitute for the Quinine.*—Dr. HASSE has employed with success the prussiate of iron in an intermittent fever which prevailed at Güstrow in the spring of 1827. The sulphate of quinine was successful in almost every case, but as its expensiveness prevented Dr. H.'s prescribing it in all cases, he determined to try the efficacy of the Prussian blue. When the patient presented gastric symptoms, which was frequently the case, Dr. H. on the first appearance of the precursory signs of the paroxysm, administered five grains of ipecacuanha every ten minutes, until vomiting was produced; or according to circumstances a laxative during the apyrexia. The hydrocyanate of iron was then administered in the following form:—℞. Hydrocyanate of iron, grs. xij.—aromatic powder, or white pepper or mustard in powder, half an ounce; mix and divide into twelve powders; one powder to be taken every four hours during the apyrexia. Of course from four to six powders were usually taken. Commonly the paroxysm which followed the administration of the febrifuge was so mild that three powders were sufficient in the second and third apyrexia, to keep off entirely the third paroxysm. To prevent its return, Dr. H. gave two powders on the seventh, fourteenth, and twenty-first days, and the fever did not return. The prussiate of iron administered in the above manner never produced ill effects, either upon the digestive

canal or upon the brain. It was, however, injurious in one case of fever, accompanied with great pain in the spleen, increased at each access of pyrexia, and with a painful swelling of the left foot. These disorders being removed by appropriate remedies, the prussiate of iron showed its accustomed efficacy. Many of those who were cured by the prussiate of iron had previously tried the pepper without benefit, so that the cure cannot be ascribed to the pepper which was contained in the above formula.—*Hufeland's Journal*, June, 1828.

The above affords a most gratifying confirmation of the opinion expressed by our collaborator, Dr. Jackson, of Northumberland, of the efficacy of the prussiate of iron in intermittent fevers. See his interesting paper, Vol. II. p. 335.

39. *Method of Arresting the Bleeding from Leech-bites.*—The usual applications for arresting the hæmorrhage from leech-bites sometimes fail, and it becomes necessary to resort to the actual cautery or ligature. S. RIDALFO, of Leghorn, recommends a more simple means which he has found both safe and effectual. It consists in applying a cupping-glass to the wound, when a coagulum is almost immediately formed, and the bleeding arrested. This effect is very quickly produced, and has been found to take place even in children, and in persons where the mass of the blood appears to be in a state of dissolution, and without any tendency to coagulation. The instrument may safely be removed within a few minutes, but it is prudent to let the coagulum remain for some time.—*Repertorio di Medic. and di Chirurg. di Torino*, July, 1828.

40. *Hydriodate of Potash as a Cure for Cynanche Parotidea.*—DR. NEUMANN employed the hydriodate of potash as an external application with great success in an epidemic cynanche parotidea, which prevailed at Neustädte in June, 1823. In the lower classes who were treated by the ordinary means, the disease was very obstinate, and often terminated by suppuration. Among the richer classes the treatment consisted alone in the administration of an emetic, and the application to the swelling, of a plaster composed of eight parts of mercurial ointment, and one part of hydriodate of potash. By these means a cure was always effected in three or four days, and Dr. N. says that in none of those treated by this method did metastases occur to the other organs, which so frequently happen in this disease, and he attributes this fortunate circumstance to the appearance of an erythematic eruption which occurred on the first or second day, and which remained during eight or twelve days.—*Rust's Magazin*, 1826.

41. *On Transfusion.*—DR. DIEFFENBACH of Berlin has made many experiments relative to transfusion; and he has found that if an animal be brought into a state of asphyxia by copious bleeding, it is not unfrequently restored to life by transfusion of blood from an animal of the same species; in most instances, however, it dies instantly, or very soon after the operation. Death always ensued when, during the asphyxia, a considerable quantity of blood from an animal of another species was injected, even though the quantity of blood injected was very small, as was generally the case in these experiments. Some animals appeared to be more easily affected by a different blood than others; cats and dogs for instance, more than sheep. Cold blooded animals almost always died after the injection of the serum of blood from warm blooded animals. Birds seemed to be unable to bear even the smallest quantity of blood from a quadruped; they died instantaneously, and under the most violent convulsions.—*Rust's Repertorium*.

42. *Transfusion in a Still-born Child.*—DR. DIEFFENBACH relates the case of a child who was extracted by the Cæsarian section, the mother having died during delivery. The child was in a state of asphyxia and bleeding; the warm bath and frictions failed recovering it. Two ounces of blood having been injected into the umbilical vein, some movements in the face were visible, but life was not restored.—*Ibid.*

43. *On Bleeding in the cold stage of Intermittent Fever.*—Dr. STOKES of Dublin, has investigated the utility of this practice, on an extensive scale in the wards of the Meath Hospital; and he has published in the *Edinburgh Medical and Surgical Journal* for January last, the results of his investigations. These are certainly against the indiscriminate or even frequent use of bleeding in the cold stage of ague. In the great majority of cases, quinine had to be administered before the disease was eradicated; many of them had an extremely slow and dangerous convalescence; in several instances the disease, so far from being relieved, appeared exasperated by the practice; and Dr. S. thinks that the bleeding appears to have a tendency to convert intermittent into continued fever. He says that in none of his cases did any bad effect from sinking of the powers of life follow the practice immediately; but that he is informed that in the practice of a highly respectable individual, there occurred two cases in which the patients did not recover from the collapse produced by bleeding in the cold stage.

Dr. Stokes also quotes extracts of letters from Dr. Kelly of Castlereagh, and Mr. Gill of Nottingham Park, giving the results of their experience. The former states that he has found the general effect of bleeding in the cold stage, that of cutting short the rigor and rendering the hot stage generally milder and in general of rendering the disease more manageable by other remedies—but in some cases the disease has appeared to have been exasperated by the practice. The latter has employed the remedy in thirteen cases, and says he considers it not only useless but dangerous, when *indiscriminately* followed. They all, however, acknowledge that there may be cases in which it would be useful, but they do not designate the circumstances in which it should be employed.

There is one curious objection brought against the practice by Dr. Stokes, which is, that it has a tendency to excite local inflammations. This we confess we cannot understand, and must believe that when such inflammations have supervened, they were a mere sequence and not a consequence of the bleeding.

44. *Itch cured by Chloride of Lime.*—In Vol. II. p. 209, we mentioned that the chloride of lime had been recommended by Dr. Derheims, as a cure for the itch. It is stated in the *London Medical and Surgical Journal*, for November last, that Dr. Johnson of Linn, has cured a family of seven persons, affected by scabies papaliformis, by a bath formed of one part of Finchems' chloride of lime to six parts of water. They remained in the bath for ten minutes; this was repeated daily for six days; the disease was not felt by the patients after the second application.

45. *On Brome as a cure for Scrofula and Goitre.*—Dr. POTCHER has employed the brome in the treatment of scrofula and goitre, in two individuals of a lymphatic constitution. The scrofulous tumours were dissipated by the use of frictions with an ointment containing hydrobromate of potash, or by the employment of cataplasms sprinkled with a watery solution of brome. In a third case, an old and scrofulous engorgement of the testicles yielded to the use of the same means, with the internal administration of brome. An enormous goitre had lost two-thirds of its size, when Dr. P. published his observations. Dr. P. administers the brome internally, sometimes dissolved in water, in the form of hydrobromate. In the first case he dissolves one part of brome in fourteen parts of distilled water, and gives five to six drops in a portion of pure water, and gradually augments the dose. Of the hydrobromate of potash he gives from four to eight grains daily in pills.—*Journ. de Chim. Méd. Dec. 1828.*

46. *On the treatment of Metallic Colic by Sulphate of Alumine.* By M. D. MONTANER.—For thirteen years M. KAPLEN, physician to the Hospital Saint Antoine, in which every year from fifteen to twenty individuals affected with metallic colic are admitted, has treated this disease successfully with sulphate of
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alumine. M. Montanceix reports, in the November number of the *Archives G n rales de M decine*, ten cases cured by this remedy, in some of which the common and unphysiological treatment by drastic purgatives, sudorifics, and narcotics failed. The dose of the sulphate of alumine is from one to two drachms in the twenty-four hours; one drachm is usually sufficient to commence with. It should be mixed with some mucilaginous emulsion, and a table-spoonful taken every hour, so that the requisite quantity may be taken in the twenty-four hours. Mucilaginous drinks and laxative enemias, were used as adjuvants in the cases reported.

47. *Transfusion in Hydrophobia.* Dr. DIEFFENBACH, of Berlin, relates in *Rust's Repertorium* a case of hydrophobia in which he has lately employed transfusion, but without any apparent effect. The patient was a middle aged man, who had been bitten four weeks before he was seen by Dr. D.; at this time he was tranquil, and fully conscious of his state, but the eyes had a somewhat wild expression; the pupils were dilated; the pulse ninety-two, slow and intermittent, with two quick pulsations, full and sharp; he had burning thirst, but so violent a dread of water that the least attempt to drink caused convulsions. He had taken an emetic, and afterwards calomel with belladonna; but these means having no effect, and his state becoming worse, transfusion was resolved upon. After a bleeding of twenty-four ounces; twelve ounces of blood were, at two different periods, injected. At each injection the pulse rose and became regular, and after some time the dread of fluids seemed to diminish; in order to quench the violent thirst, a few ounces of water were injected into the stomach. In the evening the patient had some shivering, and was feverish; the pupils remained dilated, even in the strongest light. On the next day no change had taken place, only the dread of water, had again diminished; some ounces of the decoction of senista were injected into the stomach. He was bled to thirty-two ounces, after which twelve ounces were slowly transfused, but without any effect. On the following day, the patient had considerably changed; the face was pale, the eyes glassy, and the dread of water so violent, that he was taken with shivering only at the sight of it. In the afternoon, after a bleeding of six ounces, five ounces of blood were again injected; immediately after the operation the patient drank some water, but died an hour afterwards, in convulsions.

Dr. MAYER, of St. Petersburg, also relates in *Hufeland's Journal*, a case in which he employed transfusion, but with similar want of success. The patient was a man forty years of age, who had been bitten in May 1820, by a cat. The wound healed in four days. On the 19th of March 1821, he was tormented by a violent venereal desire, which, however, he did not satisfy; and in the evening he became morose, and had all the precursory symptoms of rabies, which first manifested itself on the 25th of May, by a violent shivering and a terror at the sight of the holy water, in a church. He was immediately carried into the hospital, and soon exhibited all the symptoms of confirmed hydrophobia. The contact of tepid water caused less shivering and convulsions than that of cold water, and there was no dread of bright surfaces. The cicatrix of the wound was scarified, and covered with a blister; five ounces of blood were taken from the arm; and, according to Magendie's plan, a pint of water, at 101 degrees, was injected into the cephalic vein of the right arm, during which operation the patient had a burning sensation in the left subclavian region: after it, the pulse fell from 90 to 60, and became very small. This injection of warm water was twice repeated in the space of about eight hours, and accompanied by nearly the same symptoms; the vein became, in its whole course, turgid and painful, and the patient complained of a very unpleasant sensation of heaviness in the region of the heart. At midnight a profuse perspiration came on, especially on the chest, without, however, being followed by any alteration in his state. On the 25th of May, the injection was repeated; to the dread of water, a per-

fect horror of wind, or any movement in the air, succeeded. At noon, he was prevailed upon to take some hot beer, of which he at last, by means of a long tube, succeeded in swallowing three ounces; it was, however, soon brought up again. On the 26th, tepid water was injected a fifth time, but tetanic convulsions supervened, and he died the same day.

On examination, the pia mater was found much infiltrated; the substance of the brain hard and injected; the vessels of the pons Varolii and medulla oblongata, particularly near the origin of the auditory, fascial, pneumogastric, glosso-pharyngeal and hypoglossal nerves, were gorged with blood; the arachnoid of the spinal chord was injected, and contained a serous effusion; the salivary glands were filled with a dark liquid blood.

48. *Pustular Venereal Eruption, treated by the Subcarbonate of Ammonia.*—P. M. thirty-eight years old, emaciated, and of a very weak constitution, observed, in the month of July, a particular eruption on his forehead; this having been suppressed for a time, by a nostrum, the composition of which was unknown, soon returned again, with a tendency to form ulcers, and began to spread over the whole body. On his admission into the hospital, in September, under the care of M. Bielt, he was in the following state:—Almost the whole of his body, but especially the inferior extremities, were covered with ulcerating pustules of different sizes; in the centre of each pustule there was a prominent, black, very hard crust, surrounded by a white ulcerating margin; the epidermis round the ulcers presented a copper-coloured defined areola. In those pustules, where the crusts had been detached, the surface was excavated, much injected, and covered by grayish-white tenacious matter; the skin, between the pustules, exhibited livid blotches, the scars of former ulcers. The patient had, in 1814, successively been affected with gonorrhœa, chancre, and bubo, and had never had recourse to a proper mercurial treatment; he was married, and his wife, who had borne several healthy children, had never presented any signs of infection. His general health was good.

M. Bielt, having for some time employed cinnabar fumigations, and the alkaline bath, prescribed the subcarbonate of ammonia, from the use of which, he had, in similar cases, observed very satisfactory effects; the patient took a drachm daily, and this, being borne very well, and without the least disturbance of the digestive organs, the dose was afterwards increased to two, and even to three, drachms. The crusts were gradually detached, and the excavated ulcers became more superficial, and assumed a healthy appearance; so that the patient, after having used the subcarbonate of ammonia for twenty days, was perfectly cured.—*Journal Hebdomadaire de Médecine.*

49. *Psoriasis Inveterata, successfully treated by the Arsenical Solution.*—Xav. Host, ætat 39, of a vigorous constitution, was, on the 7th of September, admitted into the hospital, under the care of M. Bielt. Having, up to his eighteenth year enjoyed good health, he observed at this period, without any previous cause, a scaly eruption on his legs and thighs; the scales were very small, dry, of a whitish colour, and slightly adherent to the skin, from which they were detached by the least friction, leaving some elevation and redness. In this state the patient continued for several years, without any disturbance of the constitution; sometimes, especially in winter, the eruption disappeared entirely; but, on returning, it insensibly extended over the whole body, and the scales began to change into thick crusts, which were firmly attached to the skin. During the last three years he had been much addicted to drinking, in consequence of which the disease had become so serious as to induce him to seek for medical aid. When admitted into the hospital he had, for the last six months, been in the following state:—The whole body, with the exception of the parts exposed to the air, and the genitals, was covered with large, irregularly oval crusts, of different thicknesses; their surface was beset with white scales, which, according to their longer or shorter standing, were more or less firmly attached to the parts

beneath. The skin over the joints, and of the thighs, was covered with very thick, rigid crusts, with large furrows filled by a bloody ichorous matter, so that the patient was almost entirely deprived of the use of his limbs. His general health was not affected, his digestion was good, &c. After a bleeding of ten ounces, and the use of some aperients, M. Biett prescribed the arsenical solution, of which the patient took four drops daily, and this dose was afterwards gradually increased to twelve drops. The effect on the cutaneous disease was astonishing; the crusts, which before had been remarkable for their rigidity and torpid appearance, gradually detached themselves from the skin, leaving, at first, large red blotches, which were again covered with scales, but after repeated desquamation the integuments gradually assumed their natural colour and appearance, so that it was found unnecessary to continue the use of the medicine for more than four weeks, after which period, the vapour bath having been employed for some time, the patient was perfectly cured.—*Ibid.*

50. *Incipient Paralysis cured by Bleeding from the Arm.* By M. BROUSSAIS.—A gentleman aged sixty-five years, who had been for many months subject to vertigo, whilst walking; after returning home on the afternoon of the 29th of July, without having breakfasted, felt himself much worse; and on taking a seat he fell down, a circumstance which he did not afterwards remember. He was put to bed, when he commenced to stammer, his speech was embarrassed, his mouth a little turned to the left, his right limbs most feeble. The nearest physician was sent for, who ordered an infusion of linden, and orange flower water. M. Broussais saw the patient in the evening, and found him affected with difficulty in speaking, dullness, imperfect memory, slight distortion of the mouth, slight inflection to the tongue to the right side; great feebleness, and also torpor of the right limbs; face very much flushed; pulse small, feeble, and slow. Dr. B. had him bled about twenty ounces, which produced a little faintness, but he spoke better. Ordered lemonade with privation of all food. The next day the patient was wonderfully better, spoke with his usual volubility, enjoyed all his faculties, was a little weak only, had a good appetite.

If we ask, says Dr. B. why the physician who was first called to see the patient had not at once recourse to bleeding, we will find that he had in view but to remedy a nervous state considered in a vague manner, there was something wanting to the group of symptoms which he considered as indicating a sanguineous congestion in the brain, there was wanting a strong and full pulse. These being absent, he considered it merely as a nervous state to which he opposed the linden and orange flowers, until the entity disease had assumed all the characters, of which it had out of malice omitted the most important.—*Annales de la Médecine Physiologique*, Sept. 1828.

51. *Treatment of Hydrophobia with Chlorine.*—MM. SEMMOLA and SCHOENBERG are said to have employed chlorine in the treatment of hydrophobia, with success. It is used in the following manner: the wound is to be washed as soon as possible with the chlorine in water, and afterwards covered with lint impregnated with the solution, and this treatment is to be repeated twice a day till the wound cicatrizes; but if the wound does not heal by the end of five days, it is then to be treated in the ordinary manner. If the wound has healed before employing the chlorine, it is to be cauterized with the butter of antimony, and when the eschar separates the lotion is to be used. During the first five days, the chlorine is to be given also internally, in doses of two drachms in an ounce of sweetened water, three times a-day. Care should be taken in its administration, for if given in too large doses, or not diffused in a sufficient quantity of water, it will be injurious.—*Bulletin des Sc. Méd.* July, 1828.

52. *Fumigation of Belladonna in Phthisis Pulmonalis.*—Professor CREVELLIER has employed for some time, with success, in the treatment of phthisis pulmonalis, fumigations with the leaves of belladonna previously dipped in a

strong solution of opium and partially dried. The patients commence by smoking two pipes a day, and gradually increase the number till five or six are used in the same period. In eight patients upon whom the remedy has been tried, some in the second and others in the third stage of the disease; in the former the cough was rendered much less frequent, and no longer prevented sleep, the irritation of the larynx was removed, the dyspnoea diminished, the expectoration less abundant, the fever lessened, and the emaciation arrested; in the latter the sweats were less frequent and less abundant, heat lessened, expectoration facilitated, colic and diarrhoea assuaged, fever restrained, finally, it may be said that the disease is arrested.—*Nouv. Bibl. Méd. Sept. 1828.*

53. *New Mode of Treating Tania, discovered by Dr. SCHMIDT, of Berlin, and described by M. CASPAR, by order of the Prussian government.*—On the 14th of October, 1823, Dr. C. A. Schmidt, of Berlin, announced to the minister of public instruction, and medical affairs of Prussia, that he had, twenty years since, discovered an infallible remedy for the tape-worm, and was desirous of selling his secret to government. The minister directed Dr. Natorp to make trials with the practice, and, in a report made the 25th of July, 1824, this physician pronounced the treatment of Dr. Schmidt to be excellent; that it was adapted to the most feeble constitutions; brought away the tape-worm within twenty-four hours at furthest; called for no previous preparation, and caused no more exhaustion than a common purgative. Messrs. Kluge and Neuman, physicians to the hospital of La Charité, at Berlin, were commissioned to repeat these experiments. In the report made by these gentlemen, on the 31st of October, 1826, they express themselves thus:—"The method of M. Schmidt never failed in its effects when the presence of the tania was established, and in those cases wherein it failed to produce the evacuation of a worm, the existence of this was regarded as doubtful. At the same time, the treatment is prompt, without danger or exhaustion, and the worm is expelled entire and alive." In consequence of the report made him by the minister, the King of Prussia granted Dr. Schmidt, on the 31st of March, 1827, a pension of one hundred and fifty dollars for the publication of his remedy, which he described as follows:—First day the patient takes in the morning, fasting, two-spoonsful of the following preparation, and the dose is to be repeated every two hours till seven o'clock in the evening.

No. 1. Take powder of valerian root, six drachms; senæ leaves, two drachms; make into an infusion of six ounces, to which add sulphate of soda, three drachms; syrup of manna, two ounces; oil of tansy with sugar,* (oléo-saccharum de tansie,) two drachms. Mix.

The patient drinks coffee made very sweet, and without milk; at noon plain soup with some morsels of herrings, and the roe of this fish; at eight o'clock in the evening a salad made of herrings, raw ham sliced, one onion, with a considerable quantity of oil and sugar. The patient most commonly expels, even on the first day, some portion of the tape-worm. In two cases M. Schmidt has even seen the worm evacuated whole from this preliminary treatment alone. The second day the patient takes every hour, beginning at six o'clock in the morning, the following pills:—

No. 2. Assafœtida, dogs-grass, (chiendent,) each three drachms; powdered gum gamboge, rhubarb and jalap, each two drachms; powdered digitalis, ipecacuanha, golden sulphuret of antimony, each twelve grains; calomel, two scruples; oils of tansy† and anis, each fifteen drops. To be made into a mass, and divided into pills of two grains each, which are to be kept in a well-stopped bottle.

These pills are taken with a tea-spoonful of syrup. Half an hour after the first dose, the patient takes a table-spoonful of castor oil, and through the day drinks freely of coffee well sweetened. In most instances the worm is evacuated about two o'clock in the afternoon, in which case the pills are to be stop-

* This is prepared by adding twenty-four drops of oil of tansy to one ounce of loaf-sugar.

† Obtained by distillation of the fresh plant.

ped; but where, on the contrary, only fragments of the tænia are passed, these pills are to be continued along with which a spoonful of castor oil with sugar is to be given from time to time: the treatment is to be discontinued whenever the evacuations cease to contain any of the worm. At noon the patient takes nothing but broth, and in the evening some soup with fresh butter and sugar. To make sure that, (to use the author's mode of expression,) no more of the *nest of the tænia* remains, the patient may still take some of the pills in the morning. To prevent relapses, the patient ought occasionally to eat herring salad and horse-radish with vinegar and sugar; or, otherwise, he should continue for some time to take, about every eight days, one or more doses of the pills. When the treatment is finished, the patient is allowed to eat gruel, young meats, chicken, pigeon, the yolks of eggs, good wine in small quantity, and some kind of bitters.

Where it is not certain that tape worm exists, the following method of ascertaining its presence or absence is adopted. The patient eats herring salad in the evening, and drinks freely of sugar and water; the following morning he uses the following powder in syrup: take powdered jalap, gr. xv. wormseed, gr. x. gum gamboge, calomel, āā. gr. vi. oil of tansy, (oléo-saccharum,) ʒi. After this powder, the patient drinks coffee made very sweet, or very fat broth. The powder produces copious alvine evacuations, and if the patient be affected with tænia, joints of it, or sometimes the entire worm, will appear in the stools. In this last case, the pills are to be followed up by the treatment No. 2, for the purpose of establishing a complete cure, should there be more than one tænia.

Dr. Schmidt does not employ his treatment during pregnancy, nor immediately before or after the menstrual period, nor with individuals affected with inflammations, phthisis, marasmus, hæmorrhoids, hæmoptysis, or senile debility.

Of one hundred and sixty-six persons cured of tænia by Dr. Schmidt, but fifteen were men, twenty had but one tænia, and all the others more, one evacuated as many as seventeen. After the publication of Dr. Schmidt's treatment, the experiments were repeated at the Hospital of La Charité, in Berlin, with constant success, as shown by the six cases which close the memoir.—*Archives Générales*, January, 1829, from *Hufeland's Journal*, August, 1828.

54. *Neuralgia Facialis*.—The *Osservatore Medico di Napoli*, No. 18, contains an account by Dr. CAMPAGNO, of a case of neuralgia facialis which was cured by the vinous tincture of colchicum. A multitude of remedies had been previously tried without effect.

55. *Dysentery*.—Dysentery has recently prevailed to a considerable extent in the Edinburgh Infirmary. The treatment adopted by Dr. Christison, "consisted at the commencement in the liberal use of opium, preceded in some instances by the free application of leeches to the lower part of the belly, and frequently accompanied with the application of large blisters, and with the use of the warm bath. If the stage was passed during which feculent matter was discharged, and the evacuations had become muco-sanguinolent or sero-sanguinolent, I usually directed the application of the leeches to be immediately followed by doses of pure opium, of such magnitude and frequency as were found necessary to check the unremitting diarrhœa and tormina; and sometimes the desired effect was not procured till the patient was pretty strongly affected by the narcotic action of the drug. In urgent cases twenty or twenty-four grains in the twenty-four hours were sometimes necessary from the very beginning; in the slighter cases four or six grains were sufficient. When an impression was once made on the discharges, it was maintained by doses of two or three grains repeated according to circumstances; and frequently the exhibition of opium by the mouth was conjoined with its employment in the form of suppository. I never but once found this plan to fail in checking the discharge of blood in twenty-four or forty-eight hours, if the patient was seen within three or four days; but the blood often reappeared abundantly in the stools, if the opium was

intermitted on account of its causing too complete constipation. After the hæmorrhage was permanently checked, the frequent thin feculent stools continued many days, sometimes many weeks, indicating, it is to be presumed, the existence of ulceration, which consequently must have taken place at a very early period of the disease. The opium, it is worthy of remark, rarely caused sickness or dry tongue. In cases in which the stools continued long thin, and with a tendency to be tinged now and then with blood, an opportunity occurred for trying various remedies which have been supposed to be useful in this stage by accelerating the cicatrization of the ulcers. But I cannot say that any of them appeared to be of use, unless opium was combined with it in such quantity as to be itself a powerful agent. The acetate of lead was perhaps an exception; it certainly rendered the stomach less irritable, in the few cases in which opium alone was rejected by vomiting; and although I had too few opportunities of trying it in idiopathic dysentery, the experience I have had in the Fever Hospital and Infirmary fever-wards of its good effects in the chronic dysentery which is sometimes left after fever, induces me to think that its alleged virtues in the chronic stage of idiopathic dysentery have not been exaggerated. Neither ipecacuan, nor nitric acid, nor calomel administered so as to affect the mouth, appeared to me materially useful. I have had but one opportunity of trying the effect of calomel in scruple doses upon the early stage of the disease. It was given on the fourth day with marked advantage certainly, and was repeated next day with equally good effect. But ulceration had evidently taken place before the patient came under my charge; and although the acute symptoms were checked, yet, as the patient was an emaciated subject transferred from the surgical wards with a recently-opened, extensive, chronic abscess, he sunk under the exhausting purulent discharge from the bowels and abscess together. The only other patients I lost were two in number,—one an old man of ninety, who entered the hospital on the eighth day of his illness in a state of extreme exhaustion, so that, although the stools were checked, he died two days afterwards,—the other, a young woman, who immediately after coming out of an exhausting and tedious attack of continued fever with marked enteric symptoms, was seized with dysentery in its worst form, and died on the tenth day without experiencing any relief from treatment beyond the allaying of pain.”—*Ed. Med. and Surg. Journ.* Jan. 1829.

OPHTHALMOLOGY.

56. *Complete Amaurosis cured by the application of Leeches to the Nasal Fossæ.*—Dr. GUEPINET of Landrecies, relates in the *Annales de la Médecine Physiologique*, Vol. X. the case of a child aged five years, who was suddenly attacked with complete amaurosis, without any known cause. The disease resisted the usual remedies for nearly two months and a half, when Dr. G. being consulted, he advised the application of leeches to the nasal fossæ. The day after their application the child was able to see a little; thus encouraged, Dr. G. had one or two leeches applied daily for a week, at the end of which period the child's sight was entirely re-established.

57. *Singular Tumour in the Eye successfully extirpated.* By H. CLARKE, Esq.—The subject of this case was a Hindoo, aged four years. A tumour nearly globular, and of the size of a common orange, projected from the left orbit. “This enormous excrescence was firm and tense to the touch, and presented anteriorly a granulated surface of a florid aspect. Its posterior circumference was of a dusky hue, and was covered by a shining membrane. On its anterior superior portion was situated the protruded eye, compacted into an unyielding fibrous mass, of an irregular oviform figure, apparently destitute of the slightest